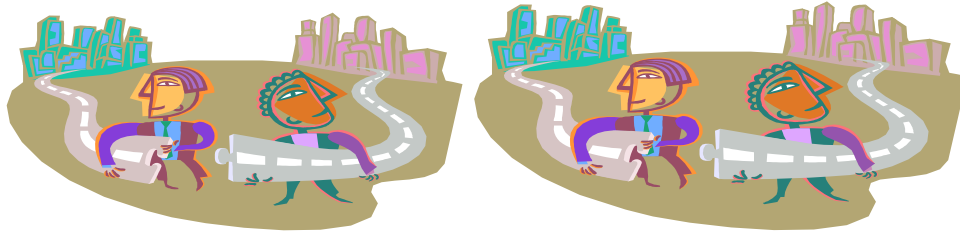# EASTERN NEVADA COMMUNITIES COALITION
ENCC

Comprehensive Coalition Prevention Plan

Serving
Eureka, Lincoln & White Pine Counties

Update 2007

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Introduction

The Eastern Nevada Communities Coalition's (ENCC) motto is "Building Stronger Rural Communities". The residents of our tri-county area are very proud of the communities in which they reside. It is the goal of the coalition to provide the infrastructure to bring about substance abuse prevention strategies in our area while maintaining an awareness of our communities' unique rural needs. Eureka,

Lincoln, and White Pine Counties are beautiful, activity-filled, Nevada Wilderness areas. The counties provide a rich family experience Substance abuse threatens the long-term strength of our communities, and our members recognize the need to create a strong team to deal with these issues. Our community prevention plan lays out our needs assessment and our selected areas of focus.
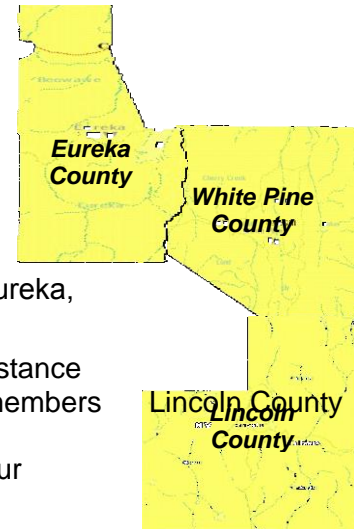
The Eastern Nevada Communities Coalition (ENCC) is a community based, grass-roots organization whose desire is to unite the members of our community in the belief of a single vision: "effectuating change at the local level". ENCC seeks to promote a safe and drug-free lifestyle for the well being of today's youth and families, through a partnership with school, family and community. Our goal is to help protect the populace of Eureka, Lincoln and White Pine Counties from the harmful use and abuse of alcohol, tobacco, drugs and any other harmful substances. We will provide opportunities for local residents to take responsibility for addressing local community needs through a sustainable coalition.

ENCC serves three of the 17 counties in Nevada, which covers an area of 23,711 square miles. The tri-county area is comprised of several small, rural communities that specialize in mining and agriculture. The closest metropolitan communities are located in Las Vegas, about 120 miles south of Lincoln County and Elko, approximately 190 miles from Ely or Eureka. The tri-counties support an ethnic blend of 1.8% African American, 2% Native American, 8% Latino and 88% Caucasian. Approximately 9% of the households speak a language other than English in the home.

ENCC, formerly known as the 7th Judicial District Coalition, was formed under the mentorship of the ENCC Coalition. ENCC was formed in 2002 and has applied for 501©3 non-profit status. The coalition received a sub grant award from the Nevada substance Abuse Prevention & Treatment Agency (SAPTA) in 2005, and the first coalition employees were hired in 2005.

ENCC has developed a tri-county Board of Directors to ensure that each county has equal access and an equal voice in the decision making process. The coalition is comprised of both private and public sectors, focusing on strengthening the character and personalities of the local youth and families.

ENCC has ACTIVELY engaged our community at local events, through community partners, parents, employers, and youth to identify community priorities, needs, resources and opportunities. The federal Substance Abuse and Mental Health Services (SAMHSA) community mobilization tool, the *Strategic Prevention Framework* (SPF) was utilized as the basis for the planning process to complete this document. The five steps of the SPF are reflected in the CCPP and are:

- Assessment • Capacity • Planning • Implementation • Evaluation

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Step 1: Assessment – Assessment activities have been conducted in all three (3) counties and include Community Readiness Surveys, focus group meetings, and one-on-one interviews with key community stakeholders. In addition, we utilized data from the Youth Behavioral Risk Survey (YRBS) and SB32 Juvenile Justice Data. The Community Readiness Survey utilized questions to identify awareness of substance abuse prevention programs in the area and the communities' willingness to support these programs. A total of 436 surveys were completed in the district (White Pine County-246, Lincoln County-148, Eureka County-42). The survey results indicate a lack of knowledge about prevention programming and a high concern for the existence of this type of programming within our communities. These priorities are the focus of this CCPP and include:

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

Step 2: Capacity – Working with community data and with the assistance of community partners, ENCC gathered information about strategies, programs, and services that exist within the community. Coalition members began this process in 2005 and have continued to identify and review information regularly. ENCC builds capacity by effectively and strategically addressing substance abuse in its many forms.

Step 3: Planning – Following assessment and capacity building, ENCC, in collaboration with its partners developed a strategic plan that addresses the priorities identified in the assessment section. This plan serves as our community's prevention blueprint for action.

Step 4: Implementation – ENCC currently supports or partners to support the following: Sober New Yea's Eve Party, DARE, Eastern Northern Nevada Task Force, White Pine County Juvenile Probation Substance Abuse Video Library, Rural Methamphetamine Workshop, Ely Mental Health programs, Narcotics Anonymous and Alcoholics Anonymous, Northern Nevada Associates Correspondence DUI School, Victim's Impact Panel Meetings, Ely Mental Health,

Step 5: Evaluation – Evaluation measures the impact of the SPF process and the implemented programs, policies, and practices. ENCC will monitor the four core measures targeted by the SPF – 30-Day Use, Age of Onset, Perception of Harm, and Perception of Parental Disapproval, and compares local data to statewide and national numbers. All programs (anticipated) funded through ENCC will be evaluated using standardized instruments. The coalition itself is evaluated to ensure that it is operating efficiently and effectively, and discussions are currently taking place about the creation of a central database that will house all of the coalition's process and outcome data.

These steps are linear in that they are addressed and completed in order. These steps are cyclical in that they are repeated in the community over time. In the coming year, the plan will be used to determine the direction of prevention within the tri-county area of ENCC. The CCPP concludes with a Call to Action, which is the foundation of the document.

The Call to Action essentially charges the ENCC staff, contractors, and volunteers, in concert with various sectors of the community, to implement the plan, as outlined in Section 3: Planning. Consistent implementation of the CCPP will provide our communities with an orderly, coherent, and strategic design that will result in our communities increased capacity to "*prevent and reduce the problems of substance abuse while providing an opportunity for local residents to take responsibility for addressing local community needs".*

THE STRATEGIC PREVENTION FRAMEWORK

ENCC has structured this CCPP according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). This process enables coalitions to build the infrastructure necessary for effective and sustainable prevention.

Step #1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity - Mobilize and/or build capacity to address needs

Capacity involves the mobilization of resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning - Develop a Comprehensive Strategic Plan

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

Step #4: Implementation - Implement evidence-based prevention programs, policies, and practices

Implementation involves taking action guided by the Strategic Plan created in Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. This step also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step #5: Evaluation - Monitor, evaluate, sustain, and improve or replace those that fail

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measures.

Step 1: Assessment

ENCC's assessment process is a vehicle for identifying community priorities based on the collection and review of data, which define the problems, resources, and the local conditions of the tri-county communities of Eureka, White Pine and Lincoln counties. Assessment is the first step in a process that is used to create evidence-based approaches for improving the problems, practices, and policies in our community.

A. Priorities

Initially, ENCC's priorities were defined in terms of Risk and Protective Factors with an overarching vision of "promoting a safe and drug-free lifestyle for the well being of today's youth and families, through a partnership with school, family and community." To date, ENCC has worked to reduce substance use/abuse by supporting efforts that have been shown to address these Risk and Protective Factors:

- Academic Failure
- Availability of Substances
- Community Laws & Norms Favorable Toward Substance Abuse
- Early Initiation of the Problem Behavior
- Lack of School Commitment
- Parental Attitudes and Involvement in the Problem Behavior
- Parental Supervision
- Patent's Attachment to Child
- Commitment to School
- Potential for Pro-Social Community Involvement

These Risk and Protective Factors are addressed as the following priorities within the tri-county communities:

A. Priorities

- Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use
- Drinking and driving behaviors including: DUI, and Riding with a drunk driver

The assessment section describes the collection of data to define the problems, resources, and the local conditions within the tri-county area of ENCC. This data will be used to identify evidence-based approaches for addressing the problems, practices, and policies in our community. The data presented is an accumulation of data collected through the Youth Behavioral Risk Survey (YRBS), The Nevada Kids Count Data Book, White Pine, Lincoln, and Eureka County Needs Assessment.

The goal of using data in the assessment process is to be able to identify the priorities of the community and to review data indicators that will provide the basis for the implementation of evidence based programs, policies, and services. Through the analysis of state and local data ENCC is able to identify target populations within each community. Areas that will be included in the assessment section will include individual behavior that is related to substance abuse, community conditions and attitudes, family involvement, parental attitudes, academic influences, youth risk perceptions, and substance consumption patterns.

B: Data Indicators
- Binge Drinking
- Perception of harm/risk
- Alcohol outlet density
- 30-Day Use
- Lifetime Use
- Age of onset
- Parental Monitoring
- Adult attitude toward behavior
- DUI Rates
- Traffic Fatalities
- School Incident Reports (alcohol and drug use on campus)

Although drinking by persons under the age of 21 is illegal, young people continue to drink almost 20% of all alcohol consumed in the United States. Alcohol use by youth is a major health concern and it is the most commonly used and abused drug among the young people throughout the United States. Under-age alcohol use is better understood if the community has an awareness of when youth begin to drink, how alcohol is obtained, and other health and community factors that might influence their drinking patterns. In addition, the earlier young people begin engaging in risky behaviors the greater likelihood they will have chronic problems with these behaviors later.

The National Center for Chronic Disease Prevention and Health reported in 2006 that teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to begin using marijuana, and 22 times more likely to begin using other illicit drugs. The data presented in the Illustration indicates the percentage of students who smoked, had their first drink of alcohol, or tried marijuana before the age of 13. This data, as well as all subsequent data, represents Eureka, White Pine and Lincoln counties, along with state and national data for comparison purposes. The data indicates that two of our communities have a first use rate of alcohol above the national average.
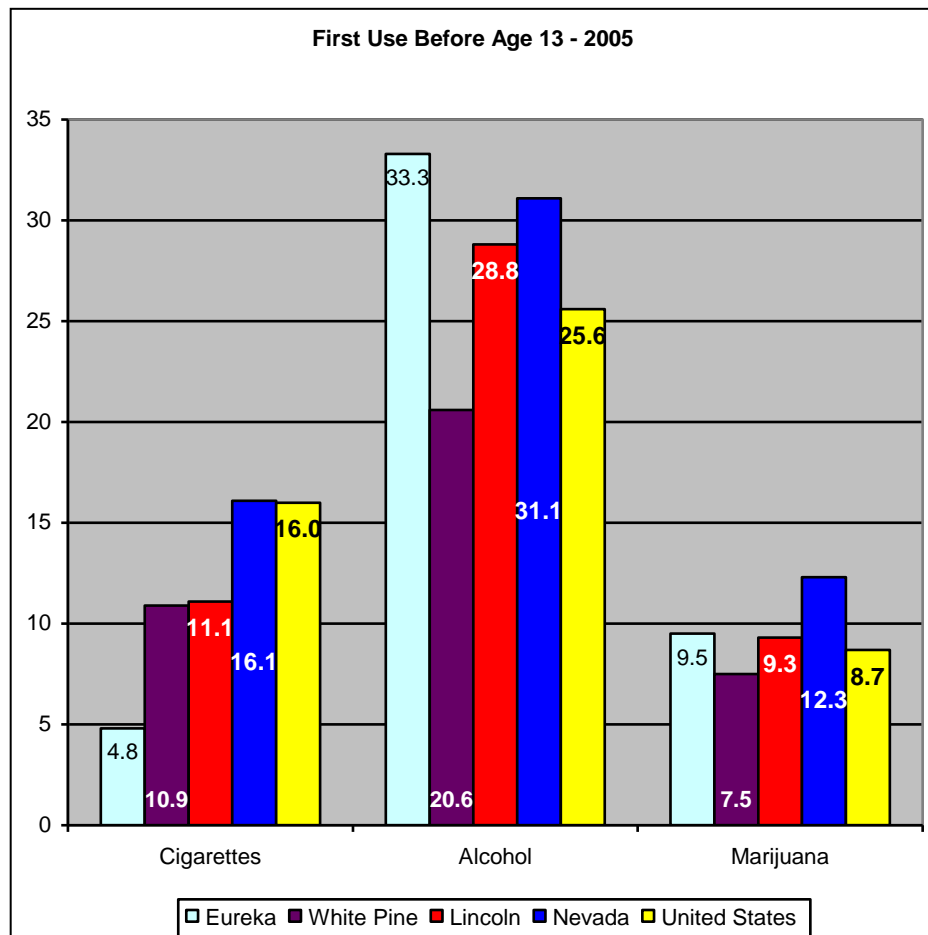
First Use Before Age 13 - 2005

|	Cigarettes	Alcohol	Marijuana
Eureka	4.8	33.3	9.5
White Pine	10.9	20.6	7.5
Lincoln	11.1	28.8	9.3
Nevada	16.1	31.1	12.3
United States	16.0	25.6	8.7

In the discussion of substance use among students, there must be a distinction made between prevalence and incidence of substance use. Prevalence of substance use is defined as any use during the lifetime of the student, regardless of the number of occurrences. Incidence of substance use is defined as use of a substance within the last 30 days, regardless of the number of occurrences. The rate of lifetime substance use by students in Eureka County exceeded the state and national reported rate for all four substances. White Pine and Lincoln Counties have slightly lower rates of lifetime substance use as reported by students in those counties. The following graph illustrates reported lifetime use of alcohol, cigarettes, marijuana, and methamphetamine.
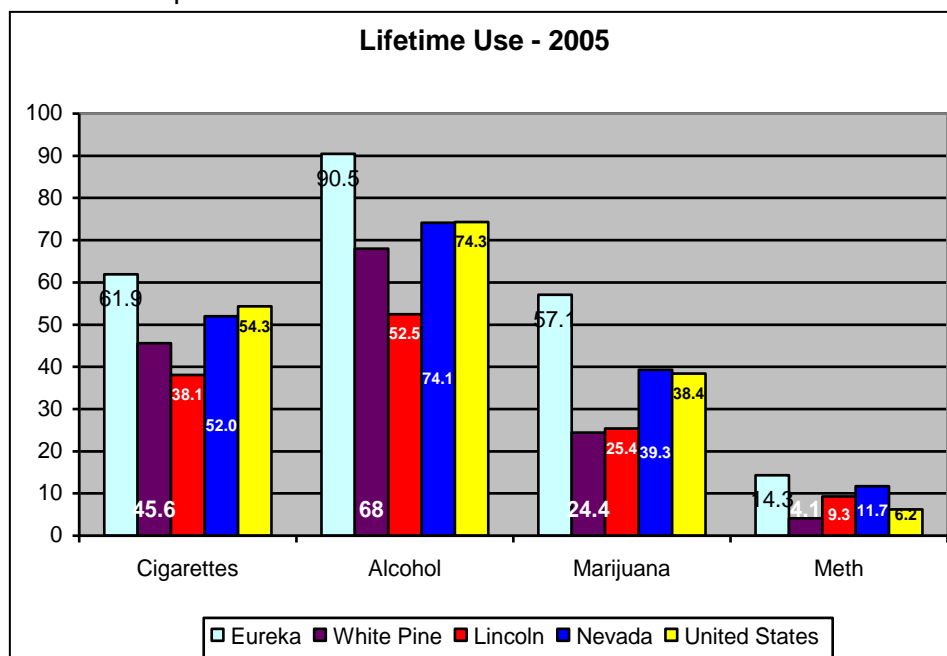
Lifetime Use - 2005

The youth lifetime use of alcohol in Eureka is an alarming 90.5% as compared to the state rate of 74.1%. The reported data provides evidence of the challenges that the tri-county area is facing with regards to alcohol, marijuana, and methamphetamine use among students.

Statewide, 41.4% of students reported using alcohol sometime in the past 30 days, compared to higher rates in Eureka (66.7%). Although marijuana 30-day use rate was lower than alcohol, Eureka County reported a use rate of 19.0%, a rate that is higher than the state use rate of 17.3%. At the present time, YRBS studies do not report 30-day use of methamphetamines. These rates are illustrated in the graph and once again provide evidence of the challenges facing the tri-county area in addressing the specified priorities set forth in this document.
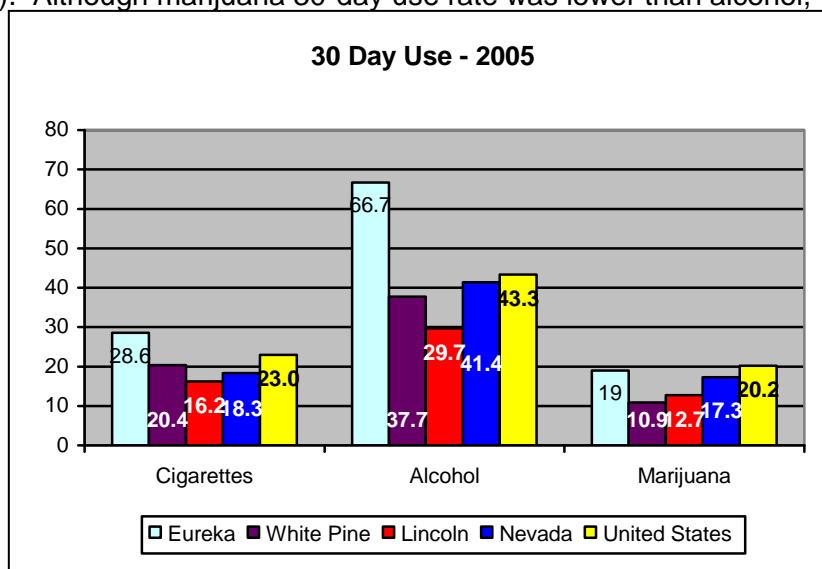
Reported use rates are one factor to be considered in

30 Day Use - 2005

addressing the needs of students in the tri-county area, however a complete picture of the local conditions will give greater understanding in addressing the needs of the community. The

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availability of substances, community norms, attitudes, and perceptions are core measures of the community.

The more readily available alcohol, marijuana, and methamphetamines are in a community, the higher the risk that abuse will occur in that community. Perceived availability of substances is also associated with increased risk of abuse. Schools and school property can be places where young people are offered or can purchase illegal drugs and alcohol. The availability of drugs and alcohol on school property can be a disruptive and corrupting influence in the school environment. The 2005 YRBS reported that nationwide 25.4% of students had been offered, sold, or given an illegal drug by someone on school property. The nationwide incidence rate reflected a reported rate during the 12 months preceding the survey. During the same period the prevalence rate of having been offered, sold, or given an illegal drug on school property in Eureka County 14.3%, White Pine 19.0%, and Lincoln 21.2%. The apparent availability of drugs in the schools puts our students at high risk for abusing drugs.

Schools are not the only place that students are able to purchase drugs and alcohol. The community itself through its community norms is a contributory factor in substance use and abuse by youth. The attitudes and policies of a community can be correlated to drug use, alcohol use, violence, and crime within the community and especially among young people. A community can communicate to its citizens in a variety of ways; through laws and written policies, informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates, and community standards are favorable toward substance abuse, violence or crime, or even when they are unclear, young people are at a higher risk for substance abuse.
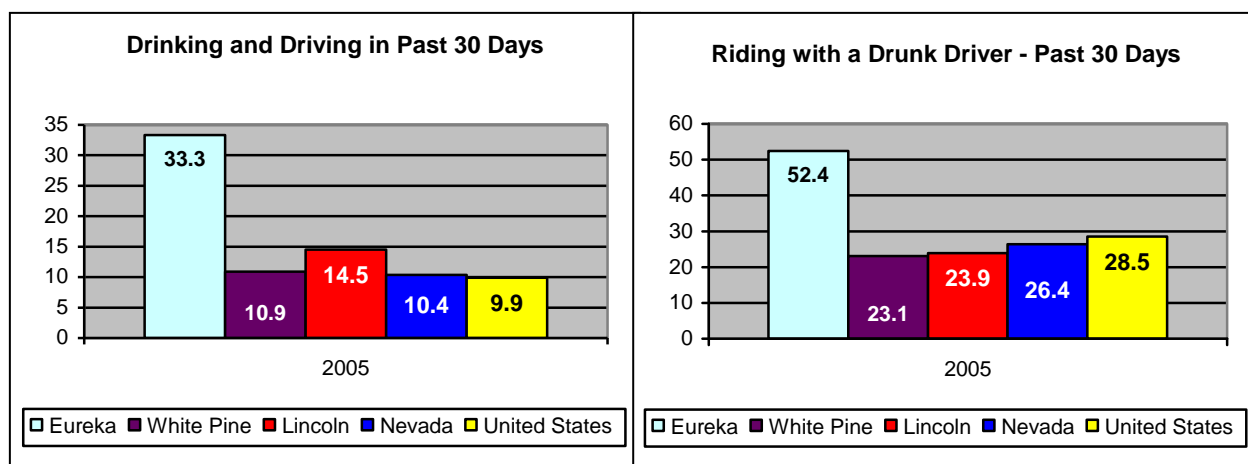
One way to measure risky behavior by students is the percent of students who drive cars after they have been drinking or ride in a vehicle with a driver who has been drinking. Studies have shown that while some students will not risk drinking and driving or riding with a drunk driver, the over all percentage of students engaging in this risk behavior indicates that a percentage of students do not perceive the combination of alcohol and driving to be a great risk to themselves or others.

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Along with understanding how easy it is for students to obtain alcohol and drugs, it is also necessary to look at the manor in which students obtain these substances. In 2005 students reported that the most common way to obtain alcohol was through a purchase made by a friend.

In addition, students reported that they were also able to obtain alcohol from home with parental approval at a rate of 4.8% for Eureka County, White Pine at 12.3%, and Pershing reporting 5.9%. Nearly forty percent of students in Eureka reported having friends purchase alcohol for their use. White Pine County had a rate of adult purchases of alcohol for underage youth at 30.8%. The following graph illustrates the results of this data.

Where Students Get Alcohol - 2005
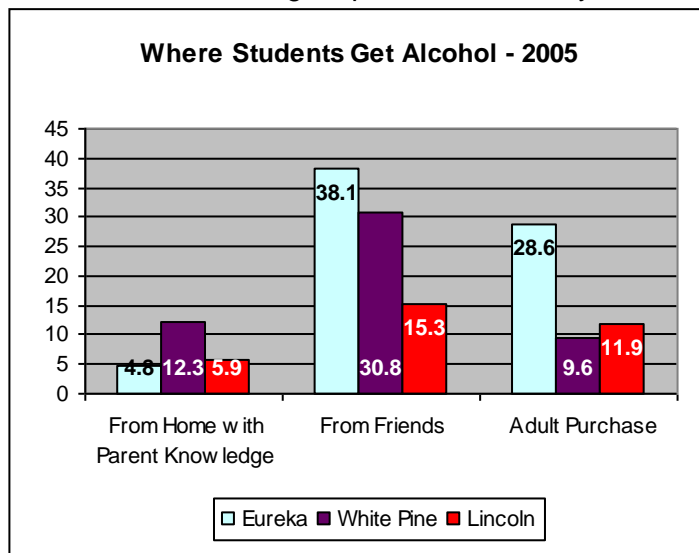
One of the concerns is the existence of favorable attitudes towards problem behavior by students and adults. During elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school there is a change in attitudes as their peers begin to participate in such activities and their attitudes shift toward a greater acceptance of these behaviors. This acceptance translates to the perception that the problem behavior is not harmful, thus putting youth at a higher risk of problem behavior. Thirty percent of youth in Eureka feel that there is "no" or only a "slight" risk of harming themselves if they smoke marijuana.
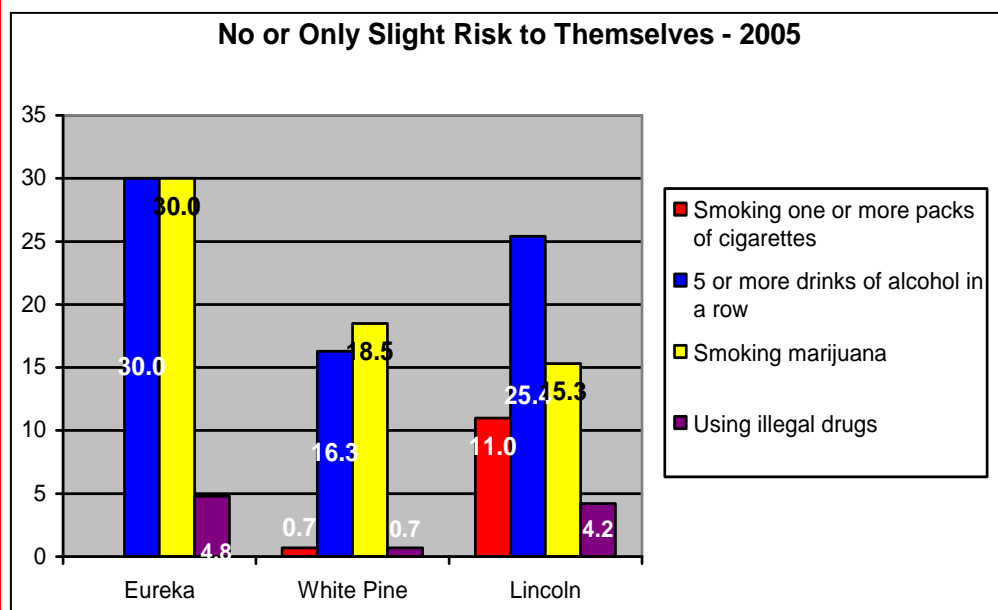
No or Only Slight Risk to Themselves - 2005

Binge drinking is a risk factor that students perceive as having "no" or only a "slight" risk of harming themselves.

Binge drinking is considered as having 5 or more drinks of alcohol in a row. Center for Disease Control and Prevention (2006) reports that about 90% of the alcohol that is consumed by youth under the age of 21 is in the form of binge drinking. The proportion of drinkers that have drank in the past 30 days report that they binge drink and the highest rate of binge drinking is among 18 to 20 year olds (52.1%). Binge drinking not only puts young people at a high risk for alcohol poisoning, it also puts them at risk for unintentional injuries such as car crashes, falls, drowning, and other such injuries. In addition, there is a greater risk for sexual assault, domestic violence,

sexually transmitted diseases, and pregnancy. The 2005 YRBS report indicated that 30.0% of Eureka County students felt that there is "no" or only a "slight" risk of harming themselves if they have 5 or more drinks of alcohol in a row. The rate for White Pine was somewhat lower at 16.3% and Lincoln at 25.1%. Favorable attitudes towards the problem behaviors discussed are shown in the accompanying graph.

ENCC Board, staff, and community members will continue to use statewide and local data to address the stated priorities within the tri-county area. The use of the data each year will allow ENCC to measure the effectiveness of programs that address alcohol and drug abuse as well as drinking and driving.

Target Populations
The Coalition recognizes that the tri-county area must serve different populations within each community and address the needs in each population. The four target populations are the community, family, school, and individuals/peers. Within each population is risk and protective factors that can community will look at the availability of drugs and alcohol within their specific areas with respect to the ease of purchase for youth and the community beliefs towards underage drinking.

The need for an active and productive coalition is very real in our tri-county area. We show a need in almost every area of risk behaviors. While the counties all have various sporting programs for youth, we lack opportunities for pro-social involvement for youth that are not involved in sports programs. As in many rural areas, there is neither the money nor the perceived need for after school programs for those who do not participate in sports. This leaves a significant time gap open for most youth to get into trouble. We need to address the needs of the youth and young adults, to find a positive and productive way to spend the extra time. This will most likely be done through after school programs, model programming, and focusing prevention tactics for young adults.

 Step #2: Capacity

Building capacity and infrastructure that can be sustained over time within the tri-county communities served by ENCC is a dynamic process, which demands that tough questions are asked and answered within each of our communities. ENCC recognizes the challenges of building capacity and sustaining a system of prevention over time. We understand that effective prevention requires community level change and that it requires more than securing funds for individual programs. This section begins to explore and answer the difficult questions and provides valuable insight into our community's prevention efforts while identifying and describing our strengths and gaps.

Effectively serving the diverse region that falls within ENCC's service area requires an approach that is designed to meet our unique needs. ENCC is working to develop a strong sense of cooperation and collaboration within the tri-county community. Our goal is to foster support and provide opportunities for local residents to take on the responsibility for addressing local community needs. We have developed a tri-county system with local leadership representation from each of the three counties to establish a support system that will be of mutual benefit to all. We will be continuing to address issues related to sustainability. This will include identifying and attaining ongoing funding, in-kind support and commitment of community partners to assume the responsibility of projects that support the mission and goals of the ENCC.

The Coalition is engaged in a variety of capacity building activities and strategies including:
• Local Coalition Committee Meetings
• Community Awareness Presentations
• One-on-One Key Stakeholder meetings
• Collection and analysis of community data
• Community-wide youth and adult surveys
• Staff, community, and partner training events
• Youth Leadership training and events

These strategies and activities are designed to:
• Mobilize community resources
• Engage key stakeholders and service providers in the planning and implementation of sustainable prevention efforts
• Develop cultural responsiveness while building on the existing prevention infrastructure
• Mobilize both financial and organizational resources
• Increase sustainability of outcomes and evaluation capacity
• Develop and expand sustainable partnerships to provide resources and assistance

It is difficult to identify what juveniles are using Methamphetamine, Marijuana and Alcohol. Treatment for methamphetamine use is limited and pharmacological treatments are not available at this time. This type of rehab is not available in our tri-county area. Individuals have to seek treatment in Elko, Las Vegas, or the Reno area.

The range of need in our communities is wide and varied. The challenges and barriers span from culture to transportation and accessibility.

Limited awareness about the issues as well as about existing resources with our communities remains a barrier and impedes progress. The following chart highlights existing and needed resources.

Existing		Needed
State Funds – SAPTA / SPF SIG	**Funding**	Adequate funds to address our selected community priorities
		Funding for sustainability
	Laws Policy Norms	Consistent enforcement of laws and policies
		Awareness of healthy community norms
		Community support of law enforcement
School Districts	**Organizations, Programs, And People**	Prevention programs, services, strategies and activities
Law Enforcement Agencies		Youth Leadership
Juvenile Probation		Youth Development
Faith-Based Entities		Community Awareness
		Board Development
		Community Outreach
		Capacity Trainings
		Prevention Trainings
	Information and Referrals	Prevention programs and initiatives
		Support for parents
		Support systems for youth and families
Juvenile Probation	**Equipment and Facilities**	Increased availability of existing facilities
Schools		Transportation for families seeking services
White Pine County Courthouse		

Step #3: Planning

It is the goal or our coalition to identify programs that will work for our rural communities while still following the principles of prevention. Planning involves the development of a comprehensive plan that outlines goals, outcomes and strategies that are the basis upon a logical, data-driven plan to address the identified priorities. To address the identified priorities, gaps in capacity, challenges and barriers, and to serve our communities with the most need, ENCC endeavors to:
- Sustain current evidence based services and programs that are deemed to be effective
- Increase local access to the prevention planning process
- Implement strategies and activities within each county

ENCC will be working to implement Best Practice Programs in each of the three counties during the coming year. During the implementation phase, coalition staff will be trained on Best Practice Program Implementation.

The following section outlines ENCC's intended outcomes, intervening variables, and recommended strategies to address the priorities, gaps in capacity, and gaps in services, which have been identified thus far. These will guide the implementation of ENCC's Strategic Prevention Framework and address ENCC's mission by improving access to needed prevention services within each community

C: Outcomes
- Increased local capacity to address substance use/abuse
- Increased implementation of evidence-based prevention in a culturally relevant manner
- Prevention efforts resulting in changes in intervening factors including:
    - Knowledge
    - Attitudes
    - Perceptions
    - Norms

D: Intervening Variables
- Low perceived risk of alcohol and marijuana use
- Easy retail access to alcohol
- Easy social access to alcohol and marijuana
- Social norms accepting and/or encouraging alcohol use
- Promotion of alcohol use
- Low enforcement of alcohol laws

E: Strategies
- Community awareness to increase concern about alcohol and other drug use/abuse
- Social norms strategy to decrease disparity between perceived and actual behaviors and attitudes
- Strengthened local substance abuse prevention infrastructure
- Guidance and support for local implementation of a comprehensive prevention plan

Step #4: Implementation

It is the goal of every parent to raise his or her child in a safe, loving and protective environment. While this used to be the responsibility the parent and the child's extended family, we must now realize that the community plays a large part on the standards and morals a child will adopt as he/she grows to adulthood. The old adage, "It takes a village to raise a child" is certainly true in today's society. We must all band together to provide that safe, loving and protective environment for our youth of today. No longer can we keep our children in that safe 'cocoon" of a family. The realities of life are all over, and today's society plays the key role. We need to act as the "village" to provide the wholesome and safe environment for all of society, not only our children and teens. For this reason, it is imperative that we focus our efforts on preventing the destructive elements in today's world that hinder the healthy growth of our youth. We need to work unfailingly to make the lives of the coming generations productive. This is our hope for the future of the tri-county of Eastern Nevada Communities Coalition.

Our data and resource assessment indicates that our tri-county coalition area is an area of highest need in relation to youth alcohol, marijuana, and methamphetamine use. Our current services for these issues are very limited. Therefore, our ratio of need to services is very poor, indicating that our coalition area could benefit significantly and make substantial improvements in desired outcomes with funding and implementation of programming in relation to the SPF SIG Grant Process.

While additional resources have been brought to our communities through the collective efforts of our coalition partners, the consumption patterns among youth in our communities did not show a decline in the most recently published (2005) Youth Risk Behavior Survey (YRBS). The rate of consumption in all areas monitored on the YRBS remains a concern in our communities. The Resource Assessment revealed that the majority of community resources have been focused on strategies that target individuals rather than on the community at large.

In order to address the wide range of gaps, challenges, and barriers, ENCC will continue to expand the recommended strategies with an increased focus on programs and strategies that involve longer term, potentially permanent changes that have a broader reach (e.g. policies and laws that affect all community members). To effectively address the identified priorities within the tri-county area, ENCC will implement a plan that includes but is not limited to the following type of activities:

F. Activities
- Enforce underage retail sales laws
- Social event monitoring
- Parent support training/activities
- Youth engagement training/activities
- School engagement training/activities
- Media engagement training/activities
- Compliance checks
- Beverage Server Training

In preparation for sustaining the implementation of effective prevention, ENCC has been engaged in the development of a comprehensive, logical, and data driven plan to address the priorities identified during the planning phase. Implementation involves action, which is guided by the process. ENCC's planning process resulted in a logic model focused on a system that

affecting community level change. ENCC's focus is on a systematic process, not just funding and program implementation decisions. The process includes identification of evidence-based programs, policies, and practices to address the strategies outlined in the planning section. Having researched and assessed the current alcohol and drug trends in Eureka, White Pine, and Lincoln counties, and having established a plan of action to address those trends, ENCC will move forward with implementation of a plan to favorably impact the identified priorities, which is illustrated in the following table:

ENCC – Community Logic Model

A. Priorities	B. Data Indicators	C. Outcomes	D. Intervening Variables	E. Strategies	F. Activities
Alcohol abuse and other drug use/abuse including: Binge Drinking, Marijuana Use, and Methamphetamine Use Drinking and driving behaviors including: DUI, and Riding with a drunk driver	Binge Drinking Perception of harm/risk Alcohol outlet density 30-Day Use Lifetime Use Age of onset Parental Monitoring Adult attitude toward behavior DUI Rates Traffic Fatalities School Incident Reports (alcohol and drug use on campus)	Increased local capacity to address substance use/abuse Increased implementation of evidence-based prevention in a culturally relevant manner Prevention efforts resulting in changes in intervening factors including: Knowledge Attitudes Perceptions Norms Decrease in substance use/abuse risk behaviors including: Underage Drinking Marijuana Use Methamphetamine Use Binge Drinking DUI / Riding with Drunk Driver	Low perceived risk of alcohol and marijuana use Easy retail access to alcohol Easy social access to alcohol and marijuana Social norms accepting and/or encouraging alcohol use Promotion of alcohol use Low enforcement of alcohol laws Academic failure Family management problems	Community awareness to increase concerns about alcohol and other drug use/abuse Social norms strategy to decrease disparity between perceived and actual behaviors or attitudes Strengthened local substance abuse prevention infrastructure within each county Guidance and support for local implementation of the CCPP Academic support systems Family support systems	Enforce underage retail sales laws Social event monitoring Parent support activities & training Youth engagement activities & training School engagement activities & training Media engagement activities & training Compliance checks Beverage Server Training Evidence based prevention strategies & activities

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Step #5: Evaluation

Evaluation measures the impact of programs and services of the coalition in meeting the needs of the program participants and the community. The process of evaluation involves collecting, analyzing, and interpreting information about how the coalition implements strategies and activities, and the impact of these programs. In the ENCC evaluation process, several types of data will be collected. Process data will be collected and will describe the means by which program goals and procedures have been implemented and will provide clear descriptions of how and why the program has reached or failed to reach its target objectives. Implementation data will be collected to provide a basis for understanding program successes and formative needs. This data will answer the following program questions:

- What has been done?
- To what extent has the program functioned as planned?
- What needs have been met?
- What are the resulting outcomes?
- What needs remain?

Outcome data will be collected to describe project results and benefits to the students/families served and to the community. Outcome data will answer the following program questions:

- What was accomplished relative to stated program goals?
- What attitude and behavior changes have occurred in students, their families, and in relationship between various adults who have collaborated around the program?

Process and implementation data will be collected from each program implemented. Outcome data will be collected throughout the program from participants and at the completion of the program. Evaluation methods may include anonymous surveys from participants in the various programs or services for the purpose of collecting feedback data and empowering participants.

Statistical data on the identified risk factors and community conditions in the tri-county area will be gathered through the use of state and federal reporting, The Community Health Surveys, feedback surveys developed for specific events/programs, and specific local data from community partner agencies and various other sources.

Data will be used to guide ENCC as we implement programs that will address the local capacity issues of substance use/abuse, create community awareness regarding alcohol and drug use/abuse, and to educate the community on current risk behaviors.

COMMUNITY CALL TO ACTION:

Based upon the assessed needs of our community and the identified risk factors, we have developed a Community Plan specific to the needs associated and identified by the SPF SIG process for the implementation of effective prevention programs, strategies and initiatives within Eureka, White Pine, and Lincoln Counties.

This document will be shared with the members of our community as the foundation of the services to be considered for implementation through the SPF SIG process.

The Board of Directors and community partners will disseminate the CCPP for the mobilization of our community around the identified strategies for the planning of prevention initiatives within the tri-county communities.

ENCC is dedicated to reducing the impact of substance abuse in the tri-county communities by increasing knowledge, awareness, and support for an effective and comprehensive system of prevention. Only with support and commitment from the community can this mission become a reality. Anyone wishing to help us achieve our goals is encouraged to call 775-962-5280 or

Email: debigill@lcturbonet.com (Debra Gill-Lincoln County)
stacyrice@sbcglobal.net (Stacy Rice-White Pine County 775 289 2639)
joysnowden@gmail.com (Joy Snowden-Eureka County)

Thank you for supporting our communities!